out of every 10 patients diagnosed and put on treatment under the revised strategy are successfully treated which is double that in the earlier programme. In order to further increase accessibility to the TB care facilities diagnostic facilities have been decentralized and strengthened and treatment is being provided near to the places of residence of the patients. Emphasis is being laid on involvement of NGOs, Private Practitioners and Medical Colleges. All diagnostic and treatment facilities including supply of anti-TB drugs for full course of treatment are provided free of cost to all TB patients under the Programme, IEC activities are undertaken at all levels.

(e) Deaths are not reported under the National TB Control Programme. It is estimated that about 4.5 lack patients die of TB every year in the country. However, under Revised National TB Control Programme (RNTCP), the deaths due to TB are monitored. The number of deaths due to TB reported under RNTCP during the last three years are given below :

Year	No. of deaths reported under RNTCP
1999	5858
2000	10337
2001	15031

TB deaths reported under RNTCP is less than 5% as against about 29% estimated in the earlier programme. The number of deaths has, however, increased due to increased coverage of population under RNTCP.

Increase in Uterus and breast cancer cases

†3164. SHRIMATI KUM KUM RAI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of patients of uterus and breast cancer has increased in comparison to the patients of lung cancer in the country;

(b) if so, the details thereof;

(c) whether any programme at national level is being run to spread awareness about this disease; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) Cancer of uterine Cervix and Breast are the commonest cancers in women whereas incidence of lung cancer is relatively much lower amongst them. According to the Population Based Cancer Registry (PBCR) Programme of the Indian Council of Medical Research (ICMR),

†Original notice of the question was received in Hindi.

there has been as light increase over time in the incidence of breast cancer and lung cancer, while there has been a decline in the incidence rate of cancer of the uterine cervix.

(b) As per information received from six Population Based Cancer Registries (PBCR) of Indian Council of Medical Research (ICMR), during 1990—96 there were 16046 Cervix and 17360 Breast Cancer totaling 33406 cases in women, while during the same period the total number of male and female lung cancer patients were 9057 (7420 males & 1637 females) only.

(c) and (d) Under the National Cancer Control Programme this Ministry is implementing various schemes aimed at creating awareness among the people and for facilitating treatment and research activities, details of which may be seen at Statement-I (*See* below). In addition, this Ministry has recognized 20 Regional Cancer Centres (RCC) in different States/UTs to render treatment and undertake research activities in the field of cancer. A list of these RCCs is given at Statement-II.

Statement-I

National Cancer Control Programme

1. **Development of Oncology Wing in Medical College Hospital**

This scheme is available only for Government Medical Colleges to fill up the geographical gaps in the detection and treatment of cancer in the country. Financial assistance up to Rs. 2.00 Crores is provided to an Institute under the scheme for purchase of equipments like Cobalt Machine, Brachytherapy etc. This is a one-time grant.

2. **Setting up of Cobalt Therapy Unit**

Financial assistance up to Rs. 1.50 crore is provided to State Government for setting up of Cobalt Therapy Unit in Government institutions.

An amount of Rs. 1.00 crore is provided for Cobalt Therapy Unit to the Non-Governmental Organisations.

The Mammography equipment has also been included under the scheme for setting up of Cobalt Therapy Unit. A Central assistance up to Rs. 30.00 lakhs is provided to those Institutions/Organisations who have the facilities for treatment of cancer patients and has well-equipped Radiotherapy Department. All these are one-time grant.

3. **District Cancer Control Programme**

A scheme of district project (duration-five years) for health education, detection and pain relief measures under National Cancer Control Programme

was initiated during the year 1990-91. In this scheme, financial assistance of Rs. 15.00 lakhs is provided to the State Government/UT administration for each district selected under the scheme with a provision of Rs. 10.00 lakhs per annum for each district for the remaining four years of the project period. After five years, the project is to be taken over by the State Government.

4. **Financial Assistance to Registered Voluntary Organisations**

Under the scheme assistance upto Rs. 5.00 lakhs is provided to the Voluntary Organisations for undertaking health education and early detection activities in cancer on the specific recommendations of the State Government.

5. **Regional Cancer Centres**

This Ministry has recognised 20 Regional Cancer Centres in different States/ UTs. The Chittaranjan National Cancer Institute, Kolkata and Institute Rotary Cancer Hospital (IRCH), AIIMS, New Delhi have got a different funding pattern. Remaining RCCs are paid an amount of 75.00 lakhs annually. These RCCs extend treatment facilities and conduct research in the field of Cancer.

Statement-II

List of RCCs

Kamla Nehru Memorial Hospital, Allahabad, Uttar Pradesh	Regional Cancer Centre, Thiruvananthapuram
Chittaranjan National Cancer Institute, Kolkata, West Bengal	Gujarat Cancer Research Institute, Ahmedabad, Gujarat
Kidwai Memorial Instt. of Oncology, Bangalore, Karnataka.	MNJ Institute of Oncology, Hyderabad, Andhra Pradesh
Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu	Pondicherry Regional Cancer Society, JIPMER, Pondicherry
Acharya Harihar Regional Cencer, Centre for Cancer Research & Treatment, Cuttack, Orissa	Dr. B.B. Cancer Institute, Guwahati, Assam
Regional Cancer Control Society, Shimla, Himachal Pradesh	Tata Memorial Hospital Mumbai, Maharashtra
Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh	Indira Gandhi Institute of Medical Sciences, Patna, Bihar
Pt. J.N.M. Medical College, Raipur, Chhattisgarh	Civil Hospital, Aizawl Mizoram.

Indian Rotary Cancer Institute, (A.I.I.M.S.), New Delhi

Acharya,Tulsi Regional Cancer Trust & Research Institute (RCC) Bikaner, Rajasthan

R.S.T. Hospital & Research Centre, Nagpur, Maharashtra

Regional Cancer Centre, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana

Safety of Nimesulide medicine

3165. SHRI GHULAM NABI AZAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware regarding the controversy about the safety of Nimesulide medicine which has confused many patients and some doctors;

(b) if so, whether it has served a purpose in the sense that it focused on the complete absence of an Adverse Drug Reaction (ADR) mechanism in the country;

(c) whether Government are also aware that mechanisms are in place in many countries to trade down a drugs' efficacy and side effects over the years, but in India a drug that hits the market stays there; and

(d) if so, what steps Government are taking to stop such drugs having dangerous side effects?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) Yes, Sir.

(b) to (d) A comprehensive Pharmacovigilance Programme to capture Adverse Drug Reaction (ADR) data by involving large number of Medical Institutions throughout the country has been framed under World Bank assisted capacity building project for drugs. A specific adverse drug reaction reporting proforma has already been provided on the website-www.cdsco.nic.in. Presently three adverse drug reaction-monitoring centres are functioning at KEM Hospital Mumbai, AIIMS New Delhi; and K.G. Medical College, Lucknow.

Review of drugs reported to be harmful/withdrawn in some countries is undertaken on a continuous basis by an expert committee of Drug Technical Advisory Board (DTAB). So far 74 categories of drugs and formulation have been prohibited. It has also been made mandatory for drug marketing firms to conduct Post Marketing Surveillance (PMS) studies for new drugs.